



Please review all questions carefully before preparing your application.

POSITION (Job Title for which you are applying)		SOCIAL SECURITY NO.
NAME (Last, First, and Middle Initial)		HOME TELEPHONE  (    )
MAILING ADDRESS (Include apartment number, if any)		WORK (or Message) TELEPHONE  (    )
CITY	COUNTY	STATE/ZIP

List post high school training, including college, business school, military training, and other relevant education. If more space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of degree awarded	Year degree Received
		Quarter	Semester	Other (Specify)			
	From    /						
	To       /						
	From    /						
	To       /						
	From    /						
	To       /						
	From    /						
	To       /						
	From    /						
	To       /						

EMPLOYMENT HISTORY

Unless otherwise instructed in the recruitment announcement, a resume' alone is not acceptable. This section must be completed. Start with your present or last position, then work backward. You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience. If you need more space, copy this blank form or attach additional sheets.

1. Present or Last Employer	Employer's Address		Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (√)	No. of Employees Supervised	
Specific Duties:				

2. Present or Last Employer	Employer's Address		Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (√)	No. of Employees Supervised	
Specific Duties:				

3. Present or Last Employer	Employer's Address		Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (√)	No. of Employees Supervised	
Specific Duties:				

4. Present or Last Employer	Employer's Address		Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (√)	No. of Employees Supervised	
Specific Duties:				

## GEOGRAPHIC CHOICE

Circle the county/counties in which you are interested. You will be considered for requested locations that you circle. **If nothing is marked, you will only be considered for positions in your county of residence.**

- |           |  |           |   |
|-----------|--|-----------|---|
| <b>03</b> | <b>BENTON COUNTY</b>                             | <b>31</b> | <b>SNOHOMISH COUNTY</b><br>Lynnwood – Regional Office |
| <b>04</b> | <b>CHELAN COUNTY</b>                             | <b>32</b> | <b>SPOKANE COUNTY</b><br>Spokane – Regional Office    |
| <b>06</b> | <b>CLARK COUNTY</b>                              | <b>34</b> | <b>THURSTON COUNTY</b>                                |
| <b>17</b> | <b>KING COUNTY</b>                               | <b>37</b> | <b>WHATCOM COUNTY</b>                                 |
| <b>27</b> | <b>PIERCE COUNTY</b><br>Tacoma – Regional Office | <b>39</b> | <b>YAKIMA COUNTY</b>                                  |

## BACKGROUND INFORMATION

Have you been convicted of a misdemeanor or felony within the past seven (7) years that might unfavorably affect your fitness for this job? ☐ Yes ☐ No

## SIGNATURE AND DATE

**TO BE ACCEPTED,  
YOU MUST SIGN  
AND DATE THIS  
APPLICATION.**



All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## HOW DID YOU LEARN OF THIS JOB OPPORTUNITY:

- ☐ Department of Personnel ☐ Newspaper (please specify) \_\_\_\_\_
- ☐ Friend or neighbor ☐ State Agency ☐ Job Fair ☐ Internet
- ☐ Other: \_\_\_\_\_

## PROFILE DATA

The Washington State Gambling Commission is an equal opportunity employer and encourages disabled and Vietnam era veterans, women, racial and ethnic minorities, people with disabilities, and persons over 40 years of age to apply. As a separate part of the application process, you are requested to voluntarily answer the following and return it with your completed Employment History. Your answers will be treated as confidential.

Name: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ☐ Yes ☐ No

Vietnam Era  
Veteran: ☐ Yes ☐ No

Disabled  
Veteran: ☐ Yes ☐ No

Percent Disability: \_\_\_\_\_%

Race/Ethnic Origin (Mark One):

☐ Native American

☐ White/Caucasian

☐ Black

☐ Asian-Pacific Islander

☐ Hispanic

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Affirmative Action Definitions

**Native American.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian-Pacific Islander.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

**Black.** A person with origins in any of the Black racial groups of Africa.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

**Disabled veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam era veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.